

Poquoson High School



Student Athlete Handbook School Year 2023-2024

Table of Contents

PCPS Mission.....	3
Major Objectives of the Poquoson Athletic Program.....	3
PHS Expectations.....	4
Athletics.....	4
Absences.....	5
Athletes.....	5
Behavior Requirements.....	5
Consequences of Misbehavior.....	6
Code of Athletic Conduct.....	7
Concussions / Cardiac Arrest.....	7
Energy Drinks.....	8
Fees.....	9
NCAA Clearinghouse.....	9
Sportsmanship.....	9
Spectator Conduct.....	10
Transfer Eligibility.....	11
Student Signature Page.....	12
Appendix A VHSL Physical Form.....	14
Appendix B - Concussion/Cardiac Arrest.....	18

PCPS Mission

Poquoson City Public Schools educates and prepares all students for success in college and career and for responsible citizenship.

Major Objectives of the Poquoson Athletic Program

The purpose of the school athletic program is:

1. Provide the very best for our student athletes, challenge them in athletics and academically and support the mission of our schools and District.
2. To strive always for excellence that will produce successful teams and individuals.
3. To serve as a laboratory where students learn how to cope with real life problems and situations which include but not limited to:
 - a. Academic success
 - b. Physical and emotional growth and development
 - c. Acquisition and development of individual skills
 - d. Team play with the development of such commitments as loyalty, cooperation, fair play, and other desirable social traits
 - e. Directed leadership and supervision that stresses self-discipline, self-motivation, excellence, and the ideals of good sportsmanship that make for winning and losing graciously
 - f. A focus of interest on activity programs for student body, faculty, and the community that will generate a feeling of unity and pride
 - g. Achievement of initial goals as set by the school in general, and the student as an individual
 - h. Provisions for worthy use of leisure time in later life, either as a participant or spectator
 - i. Develop school pride

PHS Expectations

All of those associated with PCPS athletics are expected to:

- Emphasize the proper ideals of sportsmanship, ethical conduct, and fair play. Eliminate all possibilities which tend to destroy the best values of the game. Stress the values derived from playing the game fairly.
- Show courtesy to visiting teams and officials.
- Respect the integrity and judgment of sports officials.
- Achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- Encourage leadership, use of initiative, and good judgment by players on the team. Recognize that the purpose of athletics is to promote physical, mental, moral, social, and emotional well-being of the individual players.
- Remember that an athletic contest is only a game- not a matter of life or death for the player, coach, school, official, fan, or community.
- ***School and learning come first.***

Athletics

Reference: School Board Policy 7-4.1

Poquoson High School Athletics and Activities follow eligibility rules provided under the Virginia High School League (VHSL). In order to participate in any extra-curricular activities covered under the VHSL rules and regulations, students are required to provide documentation of parental consent and a physical examination each school year. The physical exam must be done between May 1st of the previous school year and June 30th of the current school year. The physicals are kept on file in the office of the PHS Activities Director. Adequate insurance coverage for an athlete is the responsibility of the parent/guardian. Eligibility to participate in interscholastic athletics is a privilege earned by students who meet the standards set by the VHSL, the division and the school.

Absences

School attendance is critical to learning. Student athletes have great demands on their time, and attendance will be monitored to facilitate academic success. The attendance office will notify the athletic director when a student athlete has had excessive absences during the school year. The principal (or his/her designee), athletic director, coach/sponsor, and counselor may decide on a course of intervention to help improve an athlete's attendance. Student athletes are expected to be in school on days of competitions. Student athletes who are tardy the day after an athletic contest (excused or unexcused) more than two times in a season may face consequences.

Student athletes are expected to be present for all competitive events, regular season, post-season, and make-up games. Exceptions are not made for vacations (unless during a scheduled PCPS school break such as winter or spring break), Saturdays, work schedules, or other sports activities. There are no consequences for student athletes who miss a practice or game for absences due to mandatory school sponsored trips or other academic activities required by the school. For all other missed games or practices, the consequences are at the discretion of the coach; in such cases, consequences may include dismissal from the team.

Athletes

Any student in grades 8-12 may try out for PCPS athletics provided they are a student in good standing regarding academics and behavior. All student athletes must be eligible based upon criteria provided by the Virginia High School League (VHSL). Additionally, all student athletes must have a valid physical on file in order to participate. **See [Appendix A](#) for the current VHSL Physical Form.** Students in the 6th or 7th grades are not allowed to participate in PCPS athletics (including serving as team managers).

Behavior Requirements

Student athletes are required to follow behavior requirements established for all

students in Poquoson City Public Schools (PCPS) in accordance with School Board Policy. Coaches/sponsors may require higher behavior standards for participating athletes. Those standards will be outlined by the coach. Participation in practices and games and continued membership on a team depends largely on the athlete's behavior. Principals, athletic directors, and coaches have authority to decide appropriate disciplinary actions for the athletes. In addition to expectations communicated by coaches and the athletic director, all students are expected to follow the rules outlined in the PCPS Code of Student Conduct.

Consequences of Misbehavior

Student athletes who violate the PCPS Student Code of Conduct, the Bay Rivers District Code of Student Conduct, VHSL rules and regulations, or violations of law may, at the discretion of the principal, incur penalties that impact athletic participation. Any suspension (in-school suspension or out of school suspension) from school means that a student is also suspended from participation in any athletic practice and/or contest during the time of suspension. If suspension occurs on a Friday, the athlete is prohibited from participating in any practice and/or contests during the weekend. Students who are placed in an alternative setting as a result of disciplinary action are not eligible for participation in athletics.

While on school grounds and/or at any school sponsored activity (including practices), student athletes shall not smoke, chew, use, or have in their possession, tobacco or alcohol products (including vape or other electronic cigarette devices). Additionally, student athletes shall not engage in any other activities prohibited by the PCPS Code of Conduct, VHSL Rules and Regulations herein and all student eligibility requirements may result in suspension in one or more of the following actions by the coach, athletic director and/or principal:

- Suspension of the student athlete from the team for one or more games
- Removal of the athlete from the team for the remainder of the athletic season
- Forfeiture of award(s) for the particular sport
- Restriction or prohibition from any further interscholastic competition

- Other appropriate disciplinary action deemed necessary and appropriate by the athletic director or school principal

Coaches are granted broad discretion and autonomy over general team matters, including team rules, roster selection, participation, playing time, selection of starting athletes, recognition of athletes, and recommendations for award recipients.

Administrators, athletic director coaches/sponsors, and counselors will work together to support the needs of all students, including student athletes.

Code of Athletic Conduct

A firm and fair policy of enforcement is necessary to uphold the regulations and standards of the athletic department. The community, school administrators, and coaching staff feel strongly that high standards of conduct, citizenship, and sportsmanship are essential in maintaining a sound athletic program. The welfare of the student is our major concern and transcends any other consideration.

In addition to following the PCPS Student Code of Conduct, all student athletes must abide by a sound code of ethics. Any conduct that results in dishonor to the student athlete, team, or school will not be tolerated. Acts of unacceptable conduct such as, but not limited to, theft, vandalism, disrespect, discrimination, inappropriate use of social media, the use of alcohol or drugs, harassment, hazing, or violations of law tarnishes the reputation of the student, program, and the school and will not be tolerated. Such violations may result in the athletic director or coach suspending or dismissing a student from a team. Additionally, the principal/designee may apply disciplinary consequences that result in a suspension or dismissal from the team.

Concussions / Cardiac Arrest

PCPS recognizes that concussions and head injuries are a commonly reported injury in children and adolescents who participate in sports and recreational activities.

Further, PCPS supports the need to ensure that its staff, its students and the community are aware of the seriousness of brain injuries and concussions and how

they can affect a student's abilities in the educational setting, in accordance with Section 22.1-271.5 of the Code of Virginia.

All PCPS coaches, including volunteer coaches, must complete the NFHS "Concussion in Sports" module prior to the start of the athletic season. Certificates of completion must be provided to the Athletic Director. The module is available on the NFHS website at

<https://www.nfhslearn.com/courses/61151/concussion-in-sports>

What should I do if I suspect a student-athlete sustained a concussion?

Contact the athletic trainer immediately. Concussions are a specific injury that should be treated by specially trained health care providers- sports medicine physicians, athletic trainers, neurologists, physiatrists, and a few select others.

How do I know when it is safe for a student-athlete to return to play?

A team of licensed health care providers will work together to determine when it is safe to return to play. Management will include neurocognitive testing, a gradual monitored exertional test, and daily symptom monitoring. Before a student-athlete can return to full participation he/she must be cleared by a physician that is trained in concussion management (this includes limitations to practice). Medical documentation that an athlete has been cleared must be provided to the PHS Athletic Trainer for review **prior** to an athlete being allowed to return to play. At all times, the Athletic Trainer has discretion to prohibit a student-athlete from participation if deemed to be in the best interest of the student athlete's health.

All athletes, coaches and parents must review the Concussion / Cardiac Arrest Protocols. See [Appendix B](#).

Energy Drinks

As noted in the VHSL Handbook, all athletes are prohibited from consuming energy drinks during participation in VHSL practices and competitions. VHSL will issue an

official warning for the first violation. Additionally, VHSL outlines the following regulations [policy 27-15-1(9)]:

- a. Energy drinks should not be used for hydration
- b. Energy drinks should not be consumed by athletes who are dehydrated.
- c. There is no regulatory control over energy drinks, thus their content and purity cannot be ensured.
- d. This may lead to adverse side-effects, potentially harmful interactions with prescription medications (particularly stimulant medications used to treat ADHD), or positive drug tests.

Fees

As noted in the PCPS Student Handbook & Code of Conduct, an athletic fee of \$75 per student, per season, is charged for all sanctioned athletic sports. Student athletes who try out and become an official team member will be required to pay the participation fee prior to the first official contest in order to be eligible to compete. There is no relationship between athletic fees and a guarantee of student playing time. Playing time for student athletes is at the sole discretion of the head coach and his/her staff. The athletic participation fee is non-refundable. The fee will be waived for student athletes who qualify for free or reduced price meals.

NCAA Clearinghouse

The NCAA Clearinghouse for eligibility must certify any student athlete playing any sport who plans to participate in an NCAA Division I or II program. NCAA Forms 48H must be completed by the school counselor and student and returned to the Clearinghouse for certification. The Clearinghouse sends 48H Forms to each school's counselor. There is a fee payable by the student for processing. This report covers all reports to all institutions. The student must pay the fee. It is an NCAA violation for the school, booster club, or supporter to pay the fee for the student.

Sportsmanship

All PCPS coaches, athletes, and spectators are expected to uphold the highest level of sportsmanship. VHSL specifies that “Member schools are required to conduct all their

relationships with other schools in a spirit of good sportsmanship. Acts which are prima facie evidence of failure to abide by this rule are those which are noted below and others of a similar nature which transgress the usually accepted code for good sportsmanship. All incidents of conduct relating to either athletic or academic activities that are violations of the Sportsmanship Rule must be reported to the Virginia High School League.”

Consequences for poor sportsmanship:

1. Repeated offenses of unsportsmanlike behavior may result in suspension from the team at the discretion of the principal/designee.
2. Observed offenses by the athletic director or principal may result in suspension of future competitive events and disciplinary consequences in the PCPS Code of Conduct.
3. Ejections/Removals from game:
 - a. **Technical ejection** - addressed by VHSL regulations.
 - b. **Referee ejection/coach removal** - the student athlete may be suspended from future competitive events.
4. Gross unsportsmanlike conduct, such as fighting:
 - a. **First Offense** - the student athlete will be declared ineligible for the next two games.
 - b. **Second Offense** - the student athlete will be declared ineligible for the remainder of the sports season.

Profanity and other forms of inappropriate conduct will not be tolerated. Student athletes who exhibit this type of behavior during a game will be disciplined by the coaches, athletic director and/or principal.

Spectator Conduct

VHSL requires school districts to monitor spectator behavior at all school sponsored activities. Accordingly, an official, event supervisor(s), and/or principal may request any person involved in misconduct to leave the premises and may contact the police for assistance. The school has the authority to suspend individuals from attending all school sponsored activities for spectator misconduct. PCPS appreciates positive

support from all spectators.

Transfer Eligibility

Any student athlete who transfers into PCPS or to another school division may not be immediately eligible for participation at the new school. For more information, please see the school's athletic director or <http://vhsl.org>

Appendix A VHSL Physical Form

REVISED JANUARY 2021

VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

Page 1 of 4

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year MAY 1 of the current year through JUNE 30 of the succeeding year.

For school year _____

PART I- ATHLETIC PARTICIPATION
(To be filled in and signed by the student)

Male _____
Female _____

PRINT CLEARLY

Name _____ Student ID# _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ High School, and my _____ semester since first entering the ninth grade. Last

semester I attended _____ School and passed _____ credit subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUALIZED ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

→Student Signature: _____ Date: _____

PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

PART II- MEDICAL HISTORY (Explain "YES" answers below)

This form must be complete and signed, prior to the physical examination, for review by examining practitioner. Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.							
GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>		24. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>		25. Are you missing a kidney, eye, testicle, spleen or other internal organ?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are you currently taking any medications or supplements on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>		27. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you have allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>		28. When exercising in the heat, do you have severe muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>		29. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you ever spent the night in the hospital? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>		30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		31. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>	
HEART HEALTH QUESTIONS ABOUT YOU		YES	NO	32. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>		33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		34. Have you had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		35. Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>		36. Do you wear protective eyewear like goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has a doctor ever told you that you have any heart problems, including: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		37. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>	
				38. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	
				39. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>	
				40. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
				41. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>	
				42. Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	
				43. Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
				44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____			
14. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		FEMALES ONLY		YES	NO
15. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>		45. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>	
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		YES	NO	46. Age when you had your first menstrual period: _____			
16. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>		47. Number of periods in the last 12 months: _____			
17. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>		48. When was your most recent menstrual period? _____			
18. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>		EXPLAIN "YES" ANSWERS BELOW			
				# >>			
				# >>			
				# >>			
				# >>			
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>		# >>			
BONE AND JOINT QUESTIONS		YES	NO	# >>			
20. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>		# >>			
21. Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>					
MEDICAL QUESTIONS		YES	NO	List medications and nutritional supplements you are currently taking here:			
22. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>					

Revised August 2023 → Parent/Guardian Signature: _____ Date: _____ → Athlete's Signature: _____ 14

PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)**

NAME _____ DATE OF BIRTH _____ SCHOOL _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/ L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

☐ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION

☐ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:

☐ MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: _____

Reason: _____

☐ NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF: _____

☐ NOT MEDICALLY ELIGIBLE FOR ANY SPORTS

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: _____ (MD, DO, NP or PA)* DATE**: _____

EXAMINER'S NAME AND DEGREE (PRINT): _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes__ no__); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with: _____
Name of medical insurance company: _____

Policy number: _____ Name of policy holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855-242-8282.

PART V- EMERGENCY PERMISSION FORM*

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: _____ GRADE: _____ AGE: _____ DOB: _____

HIGH SCHOOL: _____ CITY: _____

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**: _____

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: _____

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? _____ LIST THE EMERGENCY MEDICATION: _____

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? _____ IF SO, WHAT? _____

DOES THE STUDENT WEAR CONTACT LENSES? _____ DATE OF LAST Tdap OR Td (TETANUS) SHOT: _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

CELL PHONE NUMBER: _____

→ SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

RELATIONSHIP TO STUDENT: _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: _____

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

Appendix B - Concussion/Cardiac Arrest



Concussions and Return to Learn

What is a Concussion?

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells. –Centers for Disease Control and Prevention

Concussion Facts

- All concussions are serious
- Most concussions occur without a loss of consciousness
- Every concussion is different
- Prior concussions may lower the threshold for subsequent concussions injuries and increase symptom severity
- Both young children and adolescents are vulnerable to the effects of a concussion
- Concussions do not only happen to athletes; they can happen to any student

Return to Learn (RTL)

- To date, there are no agreed upon formulas for RTL.
- Academic adjustments need to be tailored to each student's specific circumstances
- The rule of thumb is that if a student is physically or mentally exerting to the point of flaring a symptom, then physical/mental activity should be cut back

A RTL academic concussion management plan includes graduated phases to promote recovery

1. Home: Rest
2. School: Part-time
3. School: Full-time

Physical Symptoms

- Headache or pressure in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitive to light or noise
- Numbness or tingling
- Does not "feel right"

Cognitive Symptoms:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down

Emotional Symptoms:

- Irritable
- Sad
- More emotional than usual
- Nervous

Accommodations (These accommodations/strategies are listed as possibilities and should be employed as they apply to the individual student)

Physical Symptoms

- Schedule rest/breaks
- More frequent breaks in classroom
- Quiet environment/reduce distractions

- Sunglasses
- Excuse from PE and recess without penalty
- Preferential seating

Cognitive Symptoms

- Workload reduction

- Adjust due dates
- Remove or exempt from assignments
- Decrease length of assignments

- Postpone tests/assignments
- Allow extra time on assignments and tests
- Break assignments down into smaller chunks
- Provide support for complex tasks
- Alternative methods to assess student's mastery
- Assign peer to take notes
- Give outline/notes with class lecture
- Provide support for complex tasks

- Use computer assisted or audio learning systems
- Use organizational helpers
- Repeat and present new information slowly

Emotional Symptoms

- Allow student and teacher to have signal for distress
- Allow student to remove self from class to deescalate
- Empathize with student's frustration
- Provide structure and consistency

- Establish a cooperative relationship with the student
- Set reasonable expectations

Mental Fatigue

- Adjust student's schedule
- Shorten day
- Allow for rest breaks
- Reduce course load

****A 504 plan may be put in place to make accommodations that the student may need over a longer period of time. For more information: Contact Student Services at 757-868-3050**

Cardiac Arrest Fact Sheet

What is cardiac arrest?

Cardiac arrest is the sudden loss of heart function that results in an individual's loss of consciousness. Cardiac arrest is a true medical emergency and must be treated immediately to increase the likelihood of survival. Cardiac arrest can occur at any age and may appear suddenly, or after an individual experiences warning signs. It is not the same as a heart attack. Sudden cardiac arrest is the number one cause of exercise related death in youth athletes.

Who is at risk for sudden cardiac arrest?

Risk Factors (Source: associationdatabase.com)

- Family history of heart disease, attack, or cardiac death
- Cardiac conditions such as high blood pressure, diabetes, obesity, smoking or high cholesterol
- Underlying or unknown cardiac condition

Warning Signs That May Lead to Cardiac Arrest

- Unexplained fainting or near fainting
- Chest Pain or Tightness
- Heart racing (chest palpitations)
- Abnormal shortness of breath
- Lightheadedness

What should you do if you think your child is at risk?

- If you think your child may have risk factors, or has exhibited warning signs of cardiac arrest, you should
 - Remove your child from physical activity
 - Schedule an appointment to see your primary care physician or family doctor
 - Do not allow your child to participate in any physical exertion until cleared by a physician

What is done in a sudden cardiac arrest emergency?

- Check the scene and for a response from patient
- Call 911
- Ask someone to get an Automated External Defibrillator (AED), if available
- Begin CPR (cardiopulmonary resuscitation)

****All information provided is in reference and accordance with the Korey Stringer Institute, Sudden Cardiac Arrest Association and American Heart Association.**

Student Signature Page

This booklet contains the Poquoson High School Student Athletic Handbook. The purpose of the signature page is to certify that all student athletes and parents of student athletes participating in athletic programs at Poquoson High School have received and read the information enclosed herein. In signing this page, all parents and student athletes are acknowledging that they have read and understand the expectations in these documents. If further clarification is needed, please contact the Activities Director or PHS Principal. **Please sign the statement below and return this page to the coach by the first competition of the season. One form must be received for each athletic season in which a student participates.**

Student Athlete's Name: _____
(Please Print)

Parent's/Guardian's Signature:

I have read and understand the rights and expectations contained in the Student Handbook and Code of Student Conduct.

Parent/Guardian: _____

Date: _____

Student Athlete's Signature:

I have read and understand the rights and expectations contained in the Student Handbook and Code of Student Conduct.

Student: _____

Date: _____